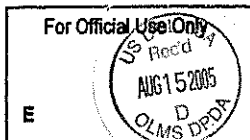


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6763</u>	2. Fiscal Year Covered From: <u>11</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Howard</u> <u>S</u> <u>Deck</u> P.O. Box, Bldg., Room No., if any Street <u>1606 Walnut St.</u> City <u>Philadelphia</u> State <u>PA</u> ZIP Code + 4 <u>19103-5482</u>	4. Name, file number, and address of labor organization. Name <u>Local 590 AFSCME</u> Labor Organization File Number <u>512-836</u> P.O. Box, Building and Room Number, if any Street <u>1606 Walnut St.</u> City <u>Philadelphia</u> State <u>PA</u> ZIP Code + 4 <u>19103-5482</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Howard S. Deck</u>	On <u>8/11/05</u> Date	<u>215-893-3706</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text" value="Willig, Williams and Davidson"/></p> <p>Trade Name, if any: <input type="text" value="Law Firm"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="24th Floor"/></p> <p>Street <input type="text" value="1845 Walnut St."/></p> <p>City <input type="text" value="Philadelphia"/></p> <p>State <input type="text" value="PA"/> ZIP Code + 4 <input type="text" value="19103-5482"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text" value="Gift Certificate"/> <input type="text" value="Concert Tickets"/></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="\$210.00"/></p>

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Reporting of this information is mandatory and is required by the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), for the purpose of public disclosure. As this is public information, there are no assurances of confidentiality. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to the U.S. Department of Labor, Employment Standards Administration, Office of Labor-Management Standards, Division of Interpretations and Standards, Room N-5605, 200 Constitution Avenue, NW, Washington, DC 20210.

DO NOT SEND YOUR COMPLETED FORM LM-30 TO THE ABOVE ADDRESS.

INSTRUCTIONS FOR FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

GENERAL INSTRUCTIONS

I. WHY FILE

The Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), requires public disclosure of certain financial transactions and financial interests of labor organization officers and employees and their spouses and minor children. Pursuant to section 202 of the LMRDA, every labor organization officer or employee (other than an employee performing clerical or custodial services exclusively) who has engaged in any such transaction or has any such interest during the fiscal year must file a detailed report with the Secretary of Labor. The Secretary, under the authority of the LMRDA, has prescribed the filing of the Labor Organization Officer and Employee Report, Form LM-30, for officers and employees of labor organizations to satisfy this reporting requirement.

The reporting requirements of the LMRDA and of the regulations and forms issued under the Act only relate to the disclosure of specified financial transactions and interests. The reporting requirements do not address whether such economic interests are lawful or unlawful. The fact that a particular financial transaction or interest is or is not required to be reported is not indicative of whether it is or is not subject to any legal prohibition; this must be tested by provisions of law other than those prescribing the reports.

II. WHO MUST FILE

Any officer or employee of a labor organization (other than an employee performing clerical or custodial services exclusively), as defined by the LMRDA, must file Form LM-30 if, during the past fiscal year, the officer or employee, or his/her spouse or minor child, either directly or indirectly, held any legal or equitable interest or engaged in any transactions (including loans) of the type described in Section 202 of the LMRDA.

NOTE: *Selected definitions from the LMRDA follow these instructions.*

III. WHAT MUST BE REPORTED

The types of financial transactions and interests which must be reported are set forth in Form LM-30. The LMRDA states that every officer or employee of a labor organization must file a detailed report with the Secretary of Labor listing and describing certain financial transactions engaged in, and interests held by, the officer or employee or his/her spouse or minor child: (1) legal and equitable interests in, transactions with, and economic benefits from an employer whose employees his/her union represents or seeks to represent; (2) legal and equitable interests in, transactions with, and economic benefits from certain businesses which deal with the business of the employer whose employees the union represents or seeks to represent, or which deals with the union or a trust in which the labor organization is interested; and (3) certain income and other economic benefits received from any employer or labor relations consultant.

Special Reports. In addition to this report, the Secretary may require officers and employees subject to the LMRDA to submit special reports on relevant information, including but not necessarily confined to reports on the matters referred to under the exclusions in Part A, subsections ii and iv, and Part C, subsections ii and iii.

IV. WHO MUST SIGN THE REPORT

The labor organization officer or employee must sign the completed Form LM-30.

V. WHEN TO FILE